

STATE OF TENNESSEE GROUP INSURANCE PROGRAM

EMPLOYEE INSURANCE CHECKLIST — LOCAL EDUCATION PLAN

State of Tennessee • Department of Finance and Administration • Benefits Administration 312 Rosa L. Parks Avenue, 19th Floor • Nashville, Tennessee 37243 • 615.741.3590 or 800.253.9981

DO NOT submit this form to Benefits Administration. This form must be completed during an employee's initial enrollment period. Place a check mark beside each item discussed. After completing the form, place the original in the employee's insurance or personnel file and give the employee a copy.

EMPLOYEE INFORMATION				
NAM		EDISON ID	AGENCY	
ELIGIBILITY AND ENROLLMENT				
Explain the eligibility criteria for employees and dependents.				
	eForm to the human resource office with the applicable dependent verification documents by to allow ABC time to submit to BA within the 30-day requirement. If electronic enrollment is available through Edison Employee Self Service, the enrollment with dependent			
	verification must be submitted by Paper application is not necessary if using ESS.			
	Explain new hire coverage start date. Coverage starts on the first day of the month after you satisfy your eligibility and enrollment requirements with this agency. Subject to meeting ALL eligibility and enrollment requirements, your coverage start date will be			
	enrollment provision. If a completed application is not returned by the 15th of the month prior to coverage beginning, the employee may have double deductions on the first paycheck from which health premiums are collected.			
	 Employees/dependents may request to enroll in, cancel or transfer between health options and carriers Employees/dependents may request to enroll in, cancel or transfer between dental and vision options 			
INSURANCE PRODUCTS				
Health Options — each allows a choice of carrier and network Other				
Premier Preferred Provider Organization Other Dental — Prepaid and Preferred Provider			d Preferred Provider	
Standard PPO			☐ Vision — Basic and Expanded Plans	
☐ Limited PPO				
Local Consumer-driven Health Plan with a health savings account				
INFORMATION TO BE PROVIDED				
	Provide Edison login, password and ESS instructions.			
	If the Edison password is not set up timely to complete ESS, provide an application to process insurance elections. A Benefit eForm must also be			
	completed in Edison if the employee does not use ESS. If applicable, the enrollment application must be signed and placed in the employee's			
	insurance/personnel file even if refusing coverage.			
	Explain that BA/ParTNers for Health will communicate to member using contact information provided, including email address. Provide the ParTNers for Health URL, https://www.tn.gov/partnersforhealth. Describe information located there, including vendor materials,			
	publications and the customer service page (emphasize search feature for network providers) with contact information for BA and vendor			
	partners.			
	Explain where to find online forms for health, dental, vision, retirement, leave of absence and miscellaneous forms, provide printed copies if			
	requested.			
	Provide access to the eligibility and enrollment guide and HIPAA privacy notice or printed copies if requested.			
	Explain the benefits available through the Employee Assistance Program (EAP) and the wellness program.			
	Explain the benefits available in the health, dental and vision insurance programs.			
	Explain monthly premiums, including employee deduction and employer contribution (if applicable).			
	Explain the Summary of Benefits and Coverage and the marketplace letter and provide the web address or printed copies if requested.			
	Provide the web address to the TennCare notice so employee is aware of responsibilities if they or their dependents are enrolled in TennCare.			
EMPLOYEE SIGNATURE		AGENCY BENEFITS COC	ORDINATOR SIGNATURE	
DATE		DATE	DATE	

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